



Texas Real Estate Commission
P.O. Box 12188
Austin, Texas 78711-2188
 Web Site: <http://www.trec.texas.gov>

STATE OF TEXAS

RESIDENTIAL SERVICE COMPANY BOND

KNOW ALL PERSONS BY THESE PRESENTS:

BOND NO. _____

That we, _____, of the County of _____, State of _____, as Principal, and _____, an insurance carrier duly admitted to do business in the State of Texas, as Surety, are held and firmly bound unto the Texas Real Estate Commission, Obligee, in the penal sum of _____ THOUSAND (\$_____,000) DOLLARS, lawful money of the United States, to be paid to said Obligee for the benefit of a party who may suffer damages resulting from the failure of the above-named Residential Service Company to meet obligations to the persons contracting for its services, for which payment well and truly to be made, we bind ourselves and our legal representatives, successors and assigns, jointly and severally by these presents. Provided, however, in no event shall Surety's liability for all claims under this bond exceed the penal sum of the bond.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, that whereas, the said Principal has been licensed as a Residential Service Company, pursuant to The Residential Service Company Act, Chapter 1303, Texas Occupations Code, by the said Obligee.

NOW, THEREFORE, if the said Principal shall faithfully perform its obligations to the persons contracting for its services and in all things comply with Chapter 1303, Texas Occupations Code, and the rules and regulations of the Texas Real Estate Commission appertaining thereto, then this obligation to be void, otherwise to remain in full force and effect subject to the following conditions:

1. It is agreed that as of _____, _____, this bond shall be in full force and effect indefinitely and that a continuation or renewal certificate is unnecessary.
2. The Surety may at any time cancel this bond by giving ninety (90) days written notice to the Texas real Estate Commission; the Surety, however, is to remain liable for any defaults under this bond committed on residential service contracts written during its term.

SIGNED AND SEALED, this the _____ day of _____, _____.

 (Corporate Seal)

 (Principal)

 (Texas Recording Agent)

 (Surety)

 (Address of Agent)

By: _____
 (Attorney-in-fact)

SURETY BOND APPLICATION

AGENCY NAME: _____ AGENCY CONTACT _____
 AGENCY PHONE: _____ AGENCY FAX: _____ E-MAIL: _____
 AGENCY ADDRESS: _____
(Street) (City) (State) (Zip)

CURRENT OR EXPIRING QUOTE WE ARE LOOKING TO BEAT? _____
NAME OF PREVIOUS SURETY COMPANY WRITING THE BOND? _____

SECTION I: BOND APPLIED FOR:

TYPE OF BOND: _____ AMOUNT: _____
 OBLIGEE: _____ EFF. DATE: _____ EXP. DATE: _____
 OBLIGEE ADDRESS: _____
(Street) (City) (State) (Zip)
 BUSINESS NAME: _____
 BUSINESS PHONE: _____ BUSINESS FAX: _____ Client E-mail _____
 BUSINESS ADDRESS: _____
(Street) (City) (State) (Zip)
 TYPE OF COMPANY CORP LLC DBA PARTNERSHIP HOW MANY OWNERS? _____

DATE BUSINESS ESTABLISHED: _____ BUSINESS TAX ID: _____
 HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES NO DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS AGAINST YOU? YES NO
 HAS APPLICANT EVER FAILED IN BUSINESS? YES NO HAS APPLICANT EVER FILED BANKRUPTCY? YES NO

SECTION II: GENERAL INFORMATION

OWNER'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)
 ADDITIONAL OWNERS / PARTNERS
 OWNER'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)

PERSONAL FINANCIAL STATEMENT OF ASSETS & LIABILITIES AS OF _____

ASSETS		LIABILITIES	
CASH IN BANK	\$	NOTES PAYABLE TO BANKS	\$
CASH ON HAND	\$	NOTES PAYABLE TO OTHERS	\$
STOCKS & BONDS	\$	ACCOUNTS PAYABLE	\$
ACCOUNTS RECEIVABLE	\$	FEDERAL & STATE INCOME TAX DUE	\$
NOTES RECEIVABLE	\$	ALL OTHER TAXES	\$
INVENTORY	\$	ACCRUALS, PAYROLLS, ETC.	\$
CASH VALUE OF LIFE INSURANCE	\$	DUE ON EQUIPMENT	\$
EQUIPMENT	\$	DUE ON REAL ESTATE	\$
REAL ESTATE	\$	OTHER LIABILITIES	\$
OTHER ASSETS	\$	CAPITAL STOCK (IF A CORPORATION)	\$
		SURPLUS & UNDIVIDED PROFITS	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		NET WORTH	\$
NAME OF OWNERS	NAME & TITLE OF OFFICERS	PERCENTAGE OF OWNERSHIP	

Completion of this form constitutes permission for worldwide insurance specialists inc. to obtain consumer information which will be used to determine bonding eligibility.

Worldwide Insurance Specialists, Inc 2424 W. Missouri AVE Phoenix, AZ 85015 E-Mail SAM@WWISINC.COM	Toll Free: (888) 518-8011 Local (602) 749-0702 Fax: (602) 674-8235
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